

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK**

Case #:

LONG ISLAND OFFICE

MILDRED WARD

Plaintiff

-against-

**COMPLAINT AND DEMAND
FOR JURY TRIAL**

RICHARD SOKOLOFF,

Defendant.

I. Preliminary Statement

CV 06 0010

**SEYBERT, J.
WALL, M.J.**

1. Plaintiff MILDRED WARD, brings this action for illegal practices of RICHARD SOKOLOFF (hereinafter "Defendant"), who used false, deceptive, and misleading practices in conjunction with an attempt to collect an alleged debt. Plaintiff alleges that the Defendant has violated the Fair Debt Collection Practices Act, 15 U.S.C. 1692 et. seq. (hereinafter "FDCPA"). Plaintiff seeks statutory damages, actual damages, punitive damages, costs and attorneys fees.

II. Jurisdiction

2. Jurisdiction of this Court arises under 15 U.S.C.A. § 1692k and 28 U.S.C. § 1331. Venue in this District is appropriate because pertinent events took place here.

III. Parties

3. Plaintiff, MILDRED WARD is a natural person residing in the State of Pennsylvania. She is a 'consumer' as defined by § 1692a (3) of the FDCPA.

4. Defendant RICHARD SOKOLOFF is, upon information and belief, a natural person residing in the State of New York and maintains a place of business located at 28 Lincoln Street, Riverhead, New York. The Defendant is a debt collector in that it regularly attempts to collect debts owed, or alleged to be owed, for personal, family or household purposes.

FIRST CAUSE OF ACTION
FAIR DEBT COLLECTION PRACTICES ACT

5. That Plaintiff is alleged to have incurred a debt in the amount of \$845.00 to North Shore Cardiopulmonary.

6. That at a time unknown to the Plaintiff, the alleged debt was forwarded to the Defendant for the purpose of commencing debt collection activity.

7. That in the attempt to collect the alleged debt referenced in paragraph 6 heretofore the Defendant contacted the Plaintiff by letter dated January 21, 2005 (Exhibit "A"). Said letter sought payment and contained threatening language. Said letter also implied that the Defendant is an attorney.

8. That on February 1, 2005 Plaintiff responded to Defendant by sending a letter (Exhibit "B") refuting the alleged debt of \$845.00, and requesting that Defendant not contact Plaintiff again except to verify the alleged debt. Plaintiff sent this letter on February 1, 2005 by U.S. Mail with a Certificate of Mailing (Exhibit "B").

9. That on February 21, 2005 Defendant, in derogation of Plaintiff's request to cease and desist, and with a total disregard to Plaintiff's letter dated February 1, 2005, sought payment a second time (Exhibit "C"); either deliberately ignored, or failed and refused to acknowledge receipt of Plaintiff's response letter. Said letter again implied that the Defendant is an attorney.

10. That on March 21, 2005, again in derogation of Plaintiff's request to cease and desist, and again in total disregard to Plaintiff's letter dated February 1, 2005, Defendant sent to Plaintiff yet another letter seeking payment (Exhibit "D"), still either deliberately ignoring, or failing and refusing to acknowledge receipt of Plaintiff's response letter. Said letter once again implied that Defendant is an attorney.

11. That Defendant used mailing envelopes implying that the alleged debt collection was from an attorney (Exhibit "E").

V. Statement of Claim

12. The Defendant violated the FDCPA. The Defendant's violations include, but are not limited to, the following:

a) Violation of 15 U.S.C. § 1692c by continuing communication in connection with debt collection.

b) Violation of 15 U.S.C. § 1692d by engaging in conduct the natural consequences of which is to harass, oppress or abuse any person in connection with the collection of a debt.

c) Violation of 15 U.S.C. § 1692e by engaging in false, deceptive and misleading representations in connection with the collection of an alleged debt.

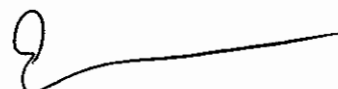
VI. First Claim For Relief

13. As a result of the above violations of the FDCPA, the Defendant is liable to the Plaintiff for statutory damages, costs and attorneys fees, all pursuant to 15 U.S.C. § 1692k.

WHEREFORE, Plaintiff respectfully requests that the Court enter judgment in his favor for:

- A. Statutory damages in the amount of \$1,000 (one thousand dollars) pursuant to 15 U.S.C. § 1692k;
- B. Attorney's fees, litigation expenses and costs pursuant to 15 U.S.C. § 1692k.
- C. Such other and further relief as may be just and proper.

DATED: Smithtown, New York
August 16, 2005



EDWARD J. GROSSMAN, ESQ (eg1655)
Attorney for Plaintiff
135 West Main St.
Smithtown NY 11787
(631) 265-5864

DEMAND FOR JURY TRIAL

Please take notice that Plaintiff demands trial by jury in this action.



Attorney for Plaintiff

EXHIBIT A

Richard Sokoloff
Attorney at Law
28 Lincoln Street
Riverhead NY 11901
PH: (631) 369-7181 FAX: (631) 369-7153

MILDRED WARD
2304 APPLEWOOD CT
PERKASIE, PA. 18944

January 21, 2005

RE: NORTH SHORE CARDIOPULMONARY

ACCOUNT #: 635755

AMOUNT: \$845.00

PATIENT: SELF

DATE(S) OF SERVICE: 10/30/03 - 10/30/03

PLEASE ASK FOR: MRS. BABINO

PH#: (631) 369-7181 EXT. 317

DEAR MILDRED WARD :

I HAVE BEEN RETAINED BY MY CLIENT TO OBTAIN PAYMENT OF AN OUTSTANDING OBLIGATION AS INDICATED ABOVE. I REQUEST THAT YOU CONTACT MY OFFICE PURSUANT TO THE "IMPORTANT CONSUMER NOTICE" SET FORTH BELOW OR REMIT THE BALANCE DUE IN ORDER TO RESOLVE THIS MATTER.

SINCERELY,

RICHARD SOKOLOFF, ESQ.
RS:A01/

IMPORTANT CONSUMER NOTICE

"UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THE DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL ASSUME THIS DEBT IS VALID. IF YOU NOTIFY THIS OFFICE IN WRITING WITHIN 30 DAYS FROM RECEIVING THIS NOTICE, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR OBTAIN A COPY OF A JUDGMENT AND WILL MAIL YOU A COPY OF SUCH VERIFICATION OR JUDGMENT. IF YOU REQUEST FROM THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE, THIS OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE CURRENT CREDITOR."

THIS IS AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

EXHIBIT B

Richard Sokoloff, Esq.
28 Lincoln Street
Riverhead, NY 11901

02/01/05

Account # 635755
RE: North Shore Cardiopulmonary
Amount: \$845.00

To whom it may concern:

I do not owe the monies you are claiming. Please do not contact me again except to verify this debt.

Sincerely,

Mildred Ward

Mildred Ward

2304 Applewood Ct.
Perkasie, Pa 18944



0000

U.S. POSTAGE
PAID
SILVERDALE, PA
18962
FEB 01, 05
AMOUNT

\$0.90

00055444-01

U.S. POSTAL SERVICE CERTIFICATE OF MAILING	
Received From:	MILDRED WARD 2304 APPLEWOOD CT. PERKASIE, PA 18944
One piece of ordinary mail addressed to:	RICHARD SOKOLOFF, ESQ. 28 LINCOLN STREET RIVERHEAD NY 11901
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL. PS FORM 3817 MAY 1978	

SILVERDALE MPO
SILVERDALE, Pennsylvania
189629998
4144060062-0098
02/01/2005 (215)257-7718 02:14:30 PM

Sales Receipt			
Product Description	Sale Qty	Unit Price	Final Price
Certificate of Mailing	1	\$0.90	\$0.90
RIVERHEAD NY 11901			\$0.37
First-Class			
Issue PVI:			=====
			\$0.37
Total:			\$1.27
Paid by:			
Cash			\$2.00
Change Due:			-\$0.73

Bill#: 1000200090545
Clerk: 01

— All sales final on stamps and postage. —
Refunds for guaranteed services only.
Thank you for your business.

EXHIBIT C

Richard Sokoloff
Attorney at Law
28 Lincoln Street
Riverhead NY 11901
PH: (631) 369-7181 FAX: (631) 369-7153

MILDRED WARD
2304 APPLEWOOD CT
PERKASIE, PA. 18944

February 21, 2005

RE: NORTH SHORE CARDIOPULMONARY
ACCOUNT #: 635755
AMOUNT: \$845.00
PATIENT: SELF

PLEASE ASK FOR: MRS. BABINO
PH#: (631) 369-7181 EXT. 317

DEAR MILDRED WARD :

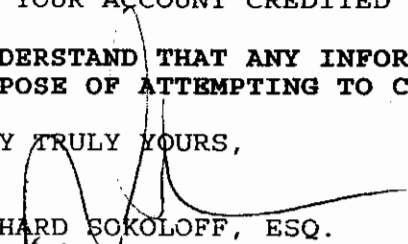
I HAVE NOT RECEIVED YOUR PAYMENT AS PREVIOUSLY REQUESTED.
IF THE ACCOUNT IS NOT DISPUTED, PLEASE FORWARD YOUR PAYMENT TO ME
AT THE ABOVE ADDRESS AND MAKE PAYABLE TO RICHARD SOKOLOFF, ESQ.

IF THE ACCOUNT IS DISPUTED, PLEASE CONTACT MY OFFICE TO ADVISE OF
THE NATURE OF THE DISPUTE.

IF PAYMENT WAS SENT DIRECTLY TO MY CLIENT, PLEASE ADVISE ME
OF THE DATE AND AMOUNT SO THAT MY RECORDS CAN BE ADJUSTED
AND YOUR ACCOUNT CREDITED ACCORDINGLY.

(UNDERSTAND THAT ANY INFORMATION I OBTAIN WILL BE USED FOR THE
PURPOSE OF ATTEMPTING TO COLLECT THIS DEBT.)

VERY TRULY YOURS,


RICHARD SOKOLOFF, ESQ.
RS:AO2/CL

FOR YOUR CONVENIENCE, MY OFFICE ACCEPTS VISA AND MASTERCARD, IF
*YOU PREFER TO PAY BY CREDIT CARD, PLEASE EITHER CALL MY OFFICE *
AT (631) 369-7181 OR COMPLETE THE QUESTIONNAIRE BELOW AND RETURN
*IT TO MY OFFICE *

AMOUNT YOU WOULD LIKE TO CHARGE \$_____. ATTORNEY ACCT #: 635755
NAME AS IT APPEARS ON CREDIT CARD: _____
ADDRESS THAT STATEMENT IS SENT TO: _____

PLEASE CHECK OFF APPLICABLE CREDIT CARD: VISA _____/MASTERCARD _____
ACCOUNT NUMBER: _____-_____-_____-_____. EXPIRATION DATE ____/____/____

SIGNATURE: _____ .TODAYS DATE: ____/____/____
DAY TIME PHONE NUMBER: _____-_____-_____

EXHIBIT D

Richard Sokoloff
Attorney at Law
28 Lincoln Street
Riverhead NY 11901
PH: (631) 369-7181 FAX: (631) 369-7153

MILDRED WARD
2304 APPLEWOOD CT
PERKASIE, PA. 18944

March 21, 2005

RE: NORTH SHORE CARDIOPULMONARY
ACCOUNT #: 635755 PLEASE ASK FOR: MRS. BABINO
AMOUNT: \$845.00 PH#: (631) 369-7181 EXT. 317
PATIENT: SELF

DEAR MILDRED WARD :

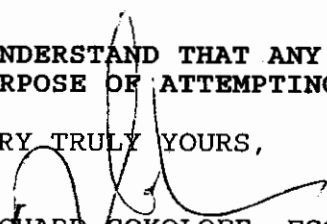
THIS LETTER IS NECESSITATED BY YOUR FAILURE TO PAY THE ABOVE
REFERENCED ACCOUNT IN FULL.

CONTACT THIS OFFICE TO MAKE ARRANGEMENTS FOR PAYMENT OF THE
OUTSTANDING DELINQUENT BALANCE DUE AND OWING TO MY CLIENT OR
REMIT THE ABOVE REFERENCED AMOUNT TO SATISFY YOUR ACCOUNT.

IF YOU WOULD LIKE TO PAY OVER THE PHONE USING YOUR VISA OR
MASTERCARD OR PAY BY CHECK OVER THE PHONE, PLEASE CALL MY OFFICE.

(UNDERSTAND THAT ANY INFORMATION I OBTAIN WILL BE USED FOR THE
PURPOSE OF ATTEMPTING TO COLLECT THIS DEBT.)

VERY TRULY YOURS,


RICHARD SOKOLOFF, ESQ.
RS:A03/CL

IN ADDITION, YOU MAY COMPLETE THE QUESTIONNAIRE BELOW AND RETURN
*IT TO MY OFFICE IF YOU WOULD LIKE TO HAVE YOUR CREDIT CARD *
*BILLED. *

ATTORNEY ACCOUNT NUMBER: 635755

Name as it appears on credit card: _____

Address that statement is sent to: _____

Visa ___/Master Card ____ . Account Number: _____

Expiration Date: ____/____/____

Amount you want to charge to credit card:\$_____

Signature: _____ .Date: ____/____/____

EXHIBIT E
